SUBMIT: COMPLETED APPLICATION, TAX

4

Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received) 000

ENTERED Permit #: Date: Amount Paid: \$125.00 38<u>C</u> 9.8 3/8/12 Š

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED APPLICANT.

Refund:

_		Special Use: (explain)	_	_	-		☐ Mobile Home (manufactured date)	☐ Bunkhouse w/ (☐ s	☐ Commercial Use with A:	with (2	with a Deck	with {2	Residential Use with a Porch		Residence (i.e. cabi	Proposed Use ✓ Principal Structure		Proposed Construction:	Existing Structure: (If permit being applied for is relevant to it)	Line and the second sec	Property	siness on	isting bldg)	Conversion Conversion	7 000 / D Addition/Alteration	New Construction 1-Story	Value at Time of Completion * include donated time & (what are you applying for) material # of s	Non-Shoreland	If yescontinue	Shoreland Solve Creek or Landward side of Flourisia	☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent)	Section 22, Township 51 N, Range	EZO1/RODS 1/4 Gov't Lot	PROJECT Legal Description: (Use Tax Statement)	1	Authorized Agent: (Person Signing Application on Derial of Ownerlas)	SELK	Contractor:	Address of Property: HESSE RD+ DUNGWAN R	MARSTH SIIK	Owner's Name;
Table to the second sec	explain)	(hi)		∑	1	on (specify)	nufactured date)	Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking &	with Attached Garage	with (2 nd) Deck	Deck	with (2 nd) Porch	Porch	oft	Residence (i.e. cabin, hunting shack, etc.)	Proposed Structure Principal Structure (first structure on property)		Length:	rt to it) Length: //e /		Foundation	No Basement X None	ent	ory 🗆	1-Story + Loft ☐ Year Round ☐ 2	ory	# of Stories Use of bedrooms		\	4	of River, Stream (Incl. Intermittent) Distance Structure	7 w Town of: CLOVER	Lot(s) CSM Vol & Page Lot(s) No.	04-014-2-51-07-	(23 digits) 05-00.	000	Arent Dhore.	Contractor Phone: Plumber:	En HERBSTER, WI	WESTOR!	Mailing Address: City/State/:
	(X	(X		(X	(x	(X	(X	food prep facilities) ((X	X	(X	(x	(X	X 0/)	SHACK 110) Dime			101	None	ost Iollet 7/2/2	Portable (w/service contra	Privy (Pit) or	Sanitary (Exists)	☐ (New) Sanitary Specify Type:	Municipal/City	What Type of Sewer/Sanitary System Is on the property?		> (000 feet		is from Shoreline :	Lot Size	Block(s) No.	33-41 Volume 100	1000	11 MA - 80-560	Agent Mailing Address (include City/State/7in):			MANISON, WI 53705	ip:
))))		- Investor	- Contract	-		1001 100 "	(6) (60 S.F.	Foota	Square	Height:	Height: 13'	Û,		act) CAC	Vauited (min 200 gallon)		10000				No K No	Flooopiain zone: Fresence	Ą	Acreage /O		Volume 1001 Page(s) 788	ent: (i.e. Property Ownership)	Attached	Written Authorization	Plumber Phone:		658 -8952	Telephone: 608

must sign or letter(s) of authorization must accompany this application)

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

(we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) are providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which which is application of the polymore of inspection. I (we) consent to county officials charged with administering county ordinances to have access to this above described property at any reasonable time for the polympose of inspection. Owner(s): / // UCLE CONTROL OF THE Deed All Own alla Date 1-31-2062

Authorized Agent:

Address to send permit

4345

(If you company this application)

are signing on behalf of the owner(s) a letter of authorization

CRESI

D.

MARISON

Date

Attach

Our recently purchased the property send your Residue.

KUC, 20

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Zoning District (\$ \$P\$) Lakes Classification (N/\$) Date of Re-Inspection:		M. Consultifut	TAT APPRAIS TO BE We will be attached.)	ON.			an Committee or the	Inspection Record: 14 WALCHAE Date of Inspection: Candition(s): Town. C	T 5" -
Noo O	Case #: wner XYes _ reyed □ Yes _	Cas Represented by Owner Was Property Surveyed	☐ Yes ☐ No Were Property Line			ated Xves □ No	Yes No Case #: Was Parcel Legally Created Was Proposed Building Site Delineated	was Parcel Legas Proposed Building Site	Yes Was
squired Yes No tached Yes No	Affidavit Attached	□ Yes KNo □ Yes KNo Variance (B.O.A.)	Mitigation Required Mitigation Attached Previously Granted by	Z No ON	guous Lot(s))	□ Yes (Fused/Contiguous Lot(s)) □ Yes	ship	Is Parcel in Comm Is Structure No Granted by Variand	ls P
		1 13	δ	W 23	Permit Date: ord)	☐ Yes (Deed of Record)		Permit #: A - (Perr
				Denial:	Reason for Denial:		te):	Permit Denied (Date):	Perr
g Code.	Use has not begun. The Uniform Dwelling Code ilts. Sanitary Date:	f Construction or Use uired To Enforce The Iso require permits.	NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniff The local Town, Village, City, State or Federal agencies may also require permits. # of bedrooms:	(1) Year from Dwelling: ALL N City, State or F	wits Expire One (1) Yea & Two Family Dwelling & Town, Village, City, Sta	: All Land Use Pern ction Of New One & The local 1	NOTICE: All Land Use For The Construction Of New C The ke Issuance Information (County Use Only)	Jance Inforr	Issu
the proposed site of the structure, or must be wisible from the proposed site of the structure, or must be k (HT), Privy (P), and Well (W).	hich the setback must teet of the proposed site	the boundary line from w known comer within 500 Tield (DF), Holdin	Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of marked by a licensed surveyor at the owner's expense. (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank	Department by use	reet but less than the proventiable by the (on(s) of New (construction of a structure more than ten (10) feet but less than thirty (30) feet from i corner to the other previously surveyed corner, or verifiable by the Department by use veyor at the owner's expense. Stake or Mark Proposed Location(s) of New Construction,	r construction of a struct corner to the other prev veyor at the owner's exp	to the placement or reviously surveyed on the blacement or the surveyed sunding the blacement of the blacement or the blacement or the blacement or the blacement of the blacement or the blacement of the blacement of the blacement of the blacement or the blacement of the blacement or the blacement of the blaceme	Prior to one p
one previously surveyed corner to the	e visible from	etback must be measured	boundary line from which the setback must be	Feet	of the minimum requirement's expense.	Setback to Privy (Portable, Composting) / / Prior to the placement or construction of a structure within ten (10) feet of the other previously surveyed corner or marked by a licensed surveyor at the owner.	Portable, Compo- construction of a struct d corner or marked by a	pack to Privy (Sett Prior I other
Feet Feet		OLD MICH.	Setback to Well	Feet	`	Tank	Setback to Septic Tank or Holding Tank Setback to Drain Field	back to Septic	Setk Setk
Feet		Slope Area olain	Setback from 20% Slope Area Elevation of Floodplain	Feet	126		Setback from the West Lot Line Setback from the East Lot Line	back from the	Sett
Feet		and	Setback from Wetland	1:-	8801		the North Lot Line the South Lot Line	Setback from the North Setback from the South	Set!
Feet	ek	liver, Stream, Creams or Bluff	Setback from the Bank or Bluff) Feet	12/6	t-of-Way	Setback from the Established Right-of-Way	pack from the	Set
FD D	-water mark)	ake (ordinary high	Sethack from the I	T 000	0111	thed Road	Centerline of Pla	ack from the	ς Φ <u>+</u>
Measurement		Description		ment	sest point) Measurement	Setbacks: (measured to the closest point) Description Measured	Setbacks: (meas Description	(8)	
proved by the Planning & Zoning Dept.	be approved by th	Changes in plans must be ap	Chan	e se en	Jing)	(7) above (prior to continuing)	complete (1) – (7) abov	Please comple	~~
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material and shall give made to the state of	ger von 10-00 januar Amerikaan mende propriete von des frances H			S Com Commence Contractions			### 17/10 - ### 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		_
		Account manufacture and the second se	(*) Wetlands; or (*) Slopes over 20%	lopes over 20	lands; or (*) S	(*) Wet	Show any (*):	(7) (3)	
y (P)	r) and/or (*) Privy (P)	ad)* Holding Tank (HT	(*) Univeway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and (*) Tank (HT) and (*) Tank (HT) and (*) Tank (HT) and	s on your Propic Tank (ST); (ing Structure: (W); (*) Sept		Show: Show: Show:		
	11/10/10/10/10/10/10/10/10/10/10/10/10/1	Media.			Proposed Construction North (N) on Plot Plan		Show / Indicate:	(2)	

BAYFIELD COUNTY SANITARY PERMIT APPLICATION

Zoning District

IX CONDITIONS OF APPROVAL/REASONS FOR DISAPPROVAL:	Approved Disapproved Sanitary Permit/Transfer Fee: Adverse Determination Sanitary Permit/Transfer Fee: Adverse Determination Sanitary Permit/Transfer Fee:	FILA	Plumber's / Owner's Name: (Print) Address: (Street City State 7 in Code) Plumber's Address: (Street City State 7 in Code)	VII. RESPONSIBILITY STATEMENT: I the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans	Tank Lift Pump Tank / Siphon Chamber	VI. TANK Capacity INFORMATION: In Gallons New Existing Gallons Tanks Septic Tank or Holding	p. posed	Portable Privy (Temporary Use Only) V. ABSORPTION SYSTEM INFORMATION:	C)	B) A Sanitary Permit was previously issued. <i>Previous Permit Number</i> :Date Issu IV. TYPE OF NON-PLUMBING SYSTEM: (Check One) * Replacements need previous permit number	A) 🏂 New 🔲 Replacement 🔲 Co	Ilic (Explain the use/purpose -2 Family Dwelling - No. of Bedrooms PE OF PERMIT: (Check only one box on line A.	H. TYPE OF BUILDING: (Check One) State Owners Lip Code Phone Number 219 Code Phone Number 875705 608-658-	rty Owner's Mailing Address 15 HULCREST DR	Address of Property HESSE RD + D/W6/W/W RD 7000 COMING DADY.	ame SUK	1. APPLICATION INFORMATION E 6 E 5 E 5
PROVAL:	Transfer Fee: Date Issued: Tsyding Agent's Signature / Date: 2. 3 8 12	608-638-8952 Business mone:	er's Owner's Signature: (No Stamps) MP/MPRSW No:	te sewage system shown on the attached plans		Manufacturer's Prefab. Site Name Concrete Constructed Steel glass Plastic App.	4. Loading Rate 5. Perc. Rate 6. System 7. Final Grade (Gals. / Day / Sq.Ft.) (Min. Inch) Elev.(Feet) Elev. (Feet)	Composting Toilets		Previous Permit Number:Date Issued:	County Private Interceptor Revision ** Transfer of Owner (List Previous Owner below)	Tax Number(s): (A. 014-2-5(-61-53-4 05-00)- (5000) Check box on line B, if applicable)	Lot # Block #: Subdivision Name o CSM #:	ship Gov. Lot #: © 20 (COX OF God+	Property Location: 1/4 1/4, S 3 3 7 5/ N, R 7 E (or) Cu	~	Soil Test County No: Permit No: 10-0016